

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

NAME **BP Products North America - Nashville**
ADDRESS **1409 51st Ave. N.**
Nashville, TN 37209
FACILITY **BP Products North America - Nashville**
LOCATION **Davidson County, Tennessee**
Attn: Ms. Brenda Powell

TNG670389	
PERMIT NUMBER	DISCHARGE NUMBER

COVERAGE TERM :
05-DEC-11 to 30-JUN-12

MONITORING PERIOD							
YEAR	MON	DAY		YEAR	MON	DAY	
			FROM				To

USED NATURAL GAS VESSEL

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				No. Ex	Frequency of Analysis	SAMPLE TYPE
		AVERAGE	MAXIMUM	Units	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, Total 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****	****		01/DS	EST
	PERMIT REQUIREMENT	DISCHARGE PER DAY, Total			*****	*****	*****	****		Once per Discharge	Estimate
VISIBLE OIL 84066 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*****	(9P)	*****	*****	*****	****		01/DS	VIS
	PERMIT REQUIREMENT	REPORT	*****	YES=1 NO=0	*****	*****	*****	****		Once per Discharge	Visual
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****		(19)		01/DS	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MAX.	mg/L		Once per Discharge	GRAB
pH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****		*****		(12)		01/DS	GR
	PERMIT REQUIREMENT	*****	*****	****	6.0 MIN.	*****	9.0 MAX.	SU		Once per Discharge	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MONTH

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

☐ CHECK HERE IF THIS IS A ONE TIME DISCHARGE AND YOU REQUEST TERMINATION OF YOUR PERMIT.

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already pre-printed.
2. Enter "Permittee Name/Mailing Address (and facility name/ location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipalities and secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceeded maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g. Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g. Enter "Grab" for individual sample, "24HC" for 24-hour composite, "CONT" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "No Discharge" occurs during monitoring period, check the box for "No Discharge".
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer or Authorized Agent", "Telephone Number", and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R.125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.